MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05425

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Chas. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — MARYLAND — LENGTH OF STAY (in this place) 4 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS Pahuatoxy Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Annes — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Emma Lela (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1950

5. SEX: F — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: June 28-1873 — 9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher — 10b. KIND OF BUSINESS OR INDUSTRY: Public School — 11. BIRTHPLACE (State or foreign country): Selbyville Virginia — 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Harvey Bacley — 14. MOTHER'S MAIDEN NAME: Katherine Selby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: James E. Reagen Centreville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	6 days
442x Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Interstitial Nephritis & Myocarditis	4 years
	(c) Arteri-sclerosis	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 50, to May 15, 19 50, that I last saw the deceased alive on May 14, 19 50, and that death occurred at 2 11 4 m., from the causes and on the date stated above.

SIGNATURE Merritt Brice (Degree or title) — ADDRESS Kinlington Md. — DATE SIGNED 5-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE May 19-50 — NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield — LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 5-16-50 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR — ADDRESS Barton Bros Centreville Maryland

V 3491

VS. A15

RECEIVED
JUN 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05426

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr Centreville
LENGTH OF STAY (in this place) 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LILLIAN (Middle) ESTELLE (Last) COVINGTON

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Sept 11-1863

9. AGE last birthday 86 yrs. If under 1 year Months 7 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Nr Centreville, Qa Co-Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Reed

14. MOTHER'S MAIDEN NAME Margaret Corsden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS Mr Alfred Covington - Lee's Mills-Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.2 Immediate cause (a) Mitral Regurgitation

Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....

(c) Arteriosclerosis & Angina Pectoris

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1950, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Harvey Fraker-M.D. Centreville Md May 26 1950

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE May 26 | NAME OF CEMETERY OR CREMATORY Chesterfield | LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REG. May 26 1950 | REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Burton Bros, Centreville ADDRESS Md

RECEIVED
JUN 6 1950
BUREAU V. S.

05427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNE (Middle) HORSEY (Last) DEAVER

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 16-1869
9. AGE last birthday 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harpers Ferry Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Townsend Deaver
14. MOTHER'S MAIDEN NAME Hannah Badine Keene Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS John McKenney Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 21 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1950, to May 3, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 6.20 A.m., from the causes and on the date stated above.

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md DATE SIGNED May 4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 4-50
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REG. 5-4-50
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1950
BUREAU OF S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05428

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) DECAR (Last) HINSON

4. DATE OF DEATH (Month) MAY (Day) 31 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Dec. 16-1879

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Agent

10b. KIND OF BUSINESS OR INDUSTRY P.R.R.

11. BIRTHPLACE (State or foreign country) Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Hinson

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. 716-01-6719

17. INFORMANT Mrs. Ida B. Hinson - Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH 52 hours

420.1 Antecedent cause(s) Cornary Thrombosis, 2nd Cardiac failure, Hypertension Cardio Vascular Dis. — 2 years

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 2 years

(c) Generalized Arterio Sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1950, to May 31, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 9 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. R. Lytton ADDRESS Centreville Md DATE SIGNED 6-2-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE June 3 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REG. June 2 REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

24447

RECEIVED
JUN 22 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05429

CERTIFICATE OF DEATH

Reg. Dist. No. 2552

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Centreville Queen Ann's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Centreville
LENGTH OF STAY (in this place) 9 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alder Branch, Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville, Md
STREET ADDRESS (If rural, give location) Alder Branch, Farm

3. NAME OF DECEASED (Type or Print): (First) Marjary (Middle) Weld (Last) Hutchinson

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 4 1904

9. AGE last birthday: 45 yrs. If under 1 year: Months 5, Days 24, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Francis Minot Weld

14. MOTHER'S MAIDEN NAME: Margaret Low White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: F. D. Hutchinson, Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Metastatic Carcinomatosis	18 hrs
Antecedent cause(s)	(b) Metastatic Ca Cervical Lymph Glands + mediastinum	26 mos
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Primary Carcinoma of Breast (Adeno Carcinoma Grade III)	2 mos 5½ years

170X
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 30, 1945

19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma Breast Grade III

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1950, to May 28, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. R. Layton, M.D. Centreville Md May 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 5/29/50 NAME OF CEMETERY OR CREMATORY Cedar Hill Crem. LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 5/28/50 REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Joseph Gawler's Son ADDRESS 1756 Pa. Ave. N.W.

RECEIVED
JUN 6 1950
BUREAU U. S.

05430

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62 254

1. PLACE OF DEATH COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) J.	(Last) KIBLER	4. DATE OF DEATH	(Month) May (Day) 12 (Year) 1950
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Feb 2, 1873	9. AGE last birthday 77 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Alsace Germany	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Louis Kibler	14. MOTHER'S MAIDEN NAME Margaret Billings				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Bernard Kibler, Queen Anne, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastases to the bones	10 mos
177X Antecedent cause(s)	(b) Carcinoma of the prostate	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1943, to May, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 3 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kurt Lederer	M.D.	Queen Anne	5/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 15, 1950	NAME OF CEMETERY OR CREMATORY Holy Cross	LOCATION (City, town, or county) (State) M. Denton, Caroline, Md.
DATE REC'D BY LOCAL REG. 5/15/50	REGISTRAR'S SIGNATURE [signature] Mrs. Aldridge	24. FUNERAL DIRECTOR Charles V. Moore	ADDRESS Denton, Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 19 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05431

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Queen Anne's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Harrison (Last) Lowman

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 17. 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Talbot Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lowman

14. MOTHER'S MAIDEN NAME: Sarah Emily Sibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Francis L. Morris Stevensville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of pancreas — Several Years

157x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

469

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis fetida about 10 Yrs.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1948, to May 13, 1950, that I last saw the deceased alive on May 13, 1950; and that death occurred at 8 45 P m., from the causes and on the date stated above.

SIGNATURE Theodor Tatlemoier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED May 13, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 16, 1950

NAME OF CEMETERY OR CREMATORY: Christ Cemetery

LOCATION (City, town, or county) (State): St. Michaels, Md

DATE REC'D BY LOCAL REG.: May 15, 1950

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Newnam & Harrison

ADDRESS: St. Michaels Md

RECEIVED
MAY 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05432

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Emma (Last) WILLEMINA LUBBA
4. DATE OF DEATH (Month) May (Day) 5 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 3rd 1863
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Paper Home work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William Kreiger
14. MOTHER'S MAIDEN NAME Willemina Wolff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT William Henry LUBBA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mitral Heart Disease	2 mos
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92b	(b) Valvular Leaky Heart	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED May 5 1950
Lorenzo J. S. Dudley MD Church Hill Maryland

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF May 8 NAME OF CEMETERY OR CREMATORY Easton LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. May 5 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR H. M. Hollis ADDRESS Preston

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05433

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) ANTHONY (Last) MINCH
4. DATE OF DEATH (Month) May (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 10-1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Minch
14. MOTHER'S MAIDEN NAME Shaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Webster Kimbles Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410x Immediate cause (a) Mitral Neorite Ischia — Interval Between Onset and Death: Sea Days

Antecedent cause(s) Cardiac Dropsy — 3 days

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ischia Heart Kidney

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1950 to May 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above. 5.3.1950

SIGNATURE Norman S. Dudley MD (Degree or title) ADDRESS Church Hill Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE May 5 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. May 3 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05434

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near- Sudlersville — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Palmatory Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Angerella Smith Moore ~~MOORE~~

4. DATE OF DEATH (Month) (Day) (Year): MAY 23 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Apr. 17, 1868
9. AGE last birthday: 82 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: ~~unknown~~ James H. Smith
14. MOTHER'S MAIDEN NAME: ~~James H. Smith~~ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO
16. SOCIAL SECURITY No.: NO
17. INFORMANT AND ADDRESS: Mr. James A. Smith - Chestertown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral - Apoplexy — Sudden

334X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Delitis — 1 week

83a (c) Hypertension Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1950, to May 22, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 7P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank N Smith — ADDRESS: Chestertown — DATE SIGNED: May 24/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: May 25-1950 — NAME OF CEMETERY OR CREMATORY: ST. PAWL CEM. — LOCATION (City, town, or county) (State): KENT CO. Md.

DATE REC'D BY LOCAL REG.: May 24 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: CHESTERTOWN Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU T. S.

Evidence for addition in 21 s own on:

MARYLAND STATE DEPARTMENT OF HEALTH

05435

CERTIFICATE OF DEATH

FILM NO. G 12 JUN 8 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
LENGTH OF STAY (In this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Barbara	Ann	Morris	May	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Sept 2-1942	7 yrs.	8	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Girl		Queenstown Md	U.S.A.

13. FATHER'S NAME: Nathan Morris

14. MOTHER'S MAIDEN NAME: Edith Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Nathan Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (Accidental) — 850.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 183

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
			Q A	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
May 26 50 m.		She was playing on a boat that was tied to wharf and fell overboard & drowned. (6-8-50 as)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher	Dep't Md Exam 2 A Co	Centreville Md	5/27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 30 1950	Cherryfield Cemetery	Centreville,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30-1950	Helen M. Aldridge	John D. Williams	Easton, Md.

RECEIVED
JUN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05436

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Queen Anne; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barclay
LENGTH OF STAY (in this place): 27 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barclay
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) P. (Last) Morris
4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/19/1871
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Charles Morris
14. MOTHER'S MAIDEN NAME: Eliza Holden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Anna Morris Barclay, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

260X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus – Arterial Sclerosis – Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic ulcers on Toes

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

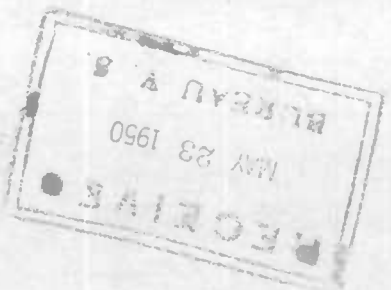
22. I hereby certify that I attended the deceased from May 1, 1950, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 1:40P. m., from the causes and on the date stated above.

SIGNATURE: C. Fleischaker (Degree or Title) MD ADDRESS: Ind Cassville Md DATE SIGNED: 5/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/20/50
NAME OF CEMETERY OR CREMATORY: Templeville
LOCATION (City, town, or county) (State): Templeville, Md.

DATE REC'D BY LOCAL REG.: 5/19/50
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS: Greensboro, Md.

VS. A15


RECEIVED
MAY 23 1950
BUREAU V. S.

05437

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: QUEEN ANNE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BARCLAY
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Barclay
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) SARA (Last) NICKERSON
4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1950
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Jul 19 1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): QUEEN ANNE CO. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL THOMPSON
14. MOTHER'S MAIDEN NAME: VIOLET F. MERCHANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO
16. SOCIAL SECURITY No.: NO
17. INFORMANT AND ADDRESS: JAMES NICKERSON BARCLAY Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Dilatation

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ulceration & gangrene of both legs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to May 23, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): Md ADDRESS: Ruth Hill Md DATE SIGNED: May 24

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: MAY 26, 1950
NAME OF CEMETERY OR CREMATORY: BUSICK CEMETERY
LOCATION (City, town, or county) (State): QUEEN ANNE CO. Md

DATE REC'D BY LOCAL REG.: May 24
REGISTRAR'S SIGNATURE: Edgar L. Land
24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: CHESTERTOWN Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05438 Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place) 77 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lambert		Roberts	May	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Married	About 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Farm Laborer	Farm	Maryland	USA

13. FATHER'S NAME William Roberts

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Emma Gassaway; Centreville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis - right	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - cerebral	2 yrs.
	(c)	

332 x
88 b

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-18-, 1950, to 4-29, 1950, that I last saw the deceased alive on 4-29, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William C. Lowe	MD	Queenstown Md	5-1-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	May 4-50	Private (Family)	Braunsville Q.A. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-2-50	Elsie Armstrong	Barton Bro.	Centreville Md.

866 VV

VS. A15

RECEIVED
MAY 10 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05439

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) MAE (Last) STEWART

4. DATE OF DEATH (Month) MAY (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 7-1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Manuel Goldsboro
14. MOTHER'S MAIDEN NAME Eliza Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Chas. E. Stewart - Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Heart Lesion — INTERVAL BETWEEN ONSET AND DEATH 1 WK

410 X Antecedent cause(s)

92 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Do Not Know

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1950, to May 18, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Norman B. Hull Dr Church Hill Md

23. BURIAL, CREMATION REMOVAL (Specify) DATE May 21 NAME OF CEMETERY OR CREMATORY Church Hill (Private) LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. May 20 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

RECEIVED
JUN 2 1959
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05440

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill; LENGTH OF STAY (in this place) 70 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill; STREET ADDRESS (If rural, give location) Church Hill

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Bishop	Walton	May	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	Married	Aug 15 1879	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister	Methodist Church	Worton Kent Co. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Walton	Araminta Tilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	—	Mrs. Mary Henry - Ridgely Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of rectum

154 X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chron Endo-Myocarditis, Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/9 1943, to 5/9 1950, that I last saw the deceased alive on 5/9 1950, and that death occurred at 9 30 P.M. m., from the causes and on the date stated above.

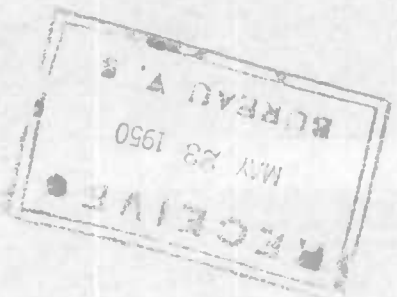
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M.D.	Rockhall, Md	5/10/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 12, 1950	Butlertown Cem	Butlertown - Worton R.D. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10	Edgar L. Land	Marion L. Williams	Chestertown Md

VS. A15

V0894


RECEIVED
MAY 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05441

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Queen Anne
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne Rd.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Jefferson (Middle) White (Last)

4. DATE OF DEATH (Month) 5 (Day) 22 (Year) 1950

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 10th 1860.

9. AGE last birthday 90 yrs. If under 1 year: Months, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Mary Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. William Lynch, Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial disease — several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis of the arteries

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic colitis — 4 years

422.1

97

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1941, to May, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 7 15 a.m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne DATE SIGNED 5/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE May 24-50

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) Centerville (State) Md.

DATE REC'D BY LOCAL REG. 5/24/50

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR J. Virgil Moore & Son

ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU F. B.